

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

9953

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 5352 Gilson Ave.)

File No.....
Registered No. 2528
St. Ward)

2. FULL NAME

(a) Residence. No. 5352 Gilson Ave. St. 18 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12 - 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 8 1 — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

10. NAME OF FATHER Martin Quirk

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Ellen Hannigan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Ellen O'Fallon
(Address) 5352 Gilson Ave

15. FILED 11 1927 Mar 6 Starkeoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13 1927

17. I HEREBY CERTIFY That I attended deceased from March 12th 1927 to March 13 1927
that I last saw her alive on March 13 1927 and that death occurred, on the date stated above, at 3:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach
11/6/23
11/4/23 (duration) 1 yrs. 6 mos. — da.
CONTRIBUTORY (SECONDARY) (duration) — yrs. — mos. — da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? Physician Examination
(Signed) John J. Connelley, M. D.

Mar 14, 1927 (Address) 5060 Morganford Rd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL St. Mary's
Holy Cross Cem.

DATE OF BURIAL Mar. 16. 1927.

20. UNDERTAKER Mullen and Co.

ADDRESS 6765 Delmar Pl.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

